

Our Lady of the Snows Church

MARY'S HOME

274 HWY. H.

Eugene, Missouri 65032-4231

(573)498-3820

FOR OFFICE USE ONLY

Date parents attended baptism preparation class _____

Date of baptism _____ Time _____

Name of priest or deacon _____

PLEASE PRINT ALL INFORMATION

Today's Date: _____ E-mail Address: _____

INFORMATION ABOUT THE CHILD

CHILD'S NAME: (First) _____ (Middle) _____ (Last) _____

DATE OF BIRTH: _____ **PLACE OF BIRTH** _____
(Month/Day/Year) (City/State)

INFORMATION ABOUT THE PARENTS (Guardians)

FATHER: (First) _____ (Middle) _____ (Last) _____ (Religion) _____

MOTHER: (First) _____ (Middle) _____ (Maiden) _____ (Religion) _____

MAILING ADDRESS: _____
(Street) (Apt.)

(City) (State) (Zip)

HOME TELEPHONE _____ **E-MAIL** _____

WORK TELEPHONE – Father _____ **WORK TELEPHONE – Mother** _____

ARE YOU REGISTERED MEMBERS OF OUR LADY OF THE SNOWS PARISH? _____ YES _____ NO

IF NOT, DO YOU LIVE WITHIN OUR LADY OF THE SNOWS TERRITORIAL BOUNDARIES? _____ YES _____ NO

WHICH CHURCH DO YOU ATTEND? _____

NOTE: You will need to notify your pastor and obtain his permission to allow us to baptize your child.

WHAT IS YOUR RELATIONSHIP TO OUR LADY OF THE SNOWS PARISH? _____

REQUIREMENTS FOR PARENTS REQUESTIN BAPTISM FOR ANINFANT/CHILD:

Parents/guardians must accept the responsibility of raising the infant/child in the practice of the Catholic Faith and nurture that Faith at home and within a Catholic parish. Godparents and the local parish community will assist the parents/guardians with the teachings of the Church.

INFORMATION ABOUT THE BAPTISMAL GODPARENTS

Godparents must be:

Fully initiated Catholics having the sacraments of Baptism, Confirmation and First Eucharist.

Be at least 16 years of age,

Be practicing Catholics who lead a life in harmony with the faith and the role to be undertaken,

If married, they should have been married in a Catholic ritual. (*The Code of Canon Law*, c. 874).

A baptized non-Catholic is **not** eligible to serve as a baptismal godparent. However, he or she may serve as a Christian witness. Only one godparent is required. If a godparent is not able to be present, that godparent may request a proxy to stand in her/his place.

1. **GODPARENT’S NAME:** _____ RELIGION _____
(First) (Middle) (Last)

MAILING ADDRESS: _____
(Street) (Apt.)

(City) (State) (Zip)

Sacraments received: Baptism? ___ Confirmation? ___ Eucharist? ___

(Proxy:) _____
(First) (Middle) (Last)

2. **GODPARENT’S NAME:** _____ RELIGION _____
(First) (Middle) (Last)

MAILING ADDRESS: _____
(Street) (Apt.)

(City) (State) (Zip)

Sacraments received: Baptism? ___ Confirmation? ___ Eucharist? ___

(Proxy:) _____
(First) (Middle) (Last)

Date of Marriage _____ **Name of Church** _____ **City/Town** _____
If not married by a priest or deacon, do you desire to have your marriage validated in the Catholic Church? ___ Yes ___ No ___ **was done** _____ **Date** _____

Please complete and return to olosparish@gmail.com